

STUDENT ENROLLMENT FORM

Mingo County School District

Today's Date: _____ School: _____ Grade: _____ Student ID #: _____

Student's Legal Last Name:		First Name:		Middle Name:	
Student's Legal Home Address: (If PO Box, we must have physical address, also)				City, State, Zip:	
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Relative <input type="checkbox"/> Other					
Is your current address a temporary living arrangement due to loss of housing or economic hardship? <input type="checkbox"/> YES <input type="checkbox"/> NO			Is this student in a foster care placement? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Gender	Age	Date of Birth (mm-dd-yyyy)	Social Security #	Birth Certificate Verified (initials)	Place of Birth
			- -		
Primary Language: _____ Ethnic Group: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other					
Enrolling Parent/Guardian/Caregiver Information					
Name:			Relationship to Student		
Current Address:			City, State, Zip:		
Home/Cell Phone #:			Work Phone #:		
E-mail Address:			Employer:		
EMERGENCY CONTACT:			Phone #:		

Transfer Information

(Please complete the following information for any and all schools that your child has attended in the last 12 months)

Name of Previous School	Address: (include zip code)	Phone #:	Fax #:

Has student been expelled from a prior school district? Yes No
 If yes: Have re-entry requirements been met? Yes No If no, explain: _____

Special Needs/ Classes

Does your child have an IEP or 504 Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> IEP	<input type="checkbox"/> 504 Plan
Does your child participate in Title I Reading/Math?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is your child participating in a gifted/talented program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does your child have any other special needs? Allergies?	Explain _____			

Special Custody Information & Legal Court Documents

The school must have copies of legal custody documents. Please complete this section if your child is affected by court action assigning custody. Do you have a court order to place on file at school? Yes No

Name of parent/guardian who has physical primary custody: _____

The school must have copies of any legal court documents regarding your child where school is concerned. Are there any court orders regarding your child that the school needs to be made aware of? Yes No If yes, explain: _____

Do you have a court order to place on file at school? Yes No

For School Use Only: Records Needed		
In-County	Out-of-County	Out-of-State
In-County Attendance Request (if applicable)	Birth Certificate	Birth Certificate
Suspension Verification	Shot Record	Shot Record – Including TB Test
School Records	Suspension Verification	Suspension Verification
Guardianship Verification / Address	School Records	School Records
	SS# or Card	SS# or Card
	Guardianship Verification / Address	Guardianship Verification / Address